



City Of Phoenix Employees' Retirement System

Return Form to:

BENEFICIARY DESIGNATION for ACTIVE and DEFERRED MEMBERS

COPERS 200 W. Washington St. 10th Floor Phoenix, AZ 85003

www.phoenix.gov/phxcopers.html

Phone (602) 534-4400 Fax (602) 495-2008

Last Name

First Name, MI

SSN (Last 4 Digits)

Date of Birth

Daytime Phone Number

PART I: STATUS/BENEFIT COVERAGE (Initial ONLY ONE BOX to the left of the paragraph describing your situation)

(1) Active Member of COPERS - In the event of my death prior to my retirement and no survivor pension becomes payable pursuant to Chapter XXIV, Section 25 of the Charter, I direct my contributions be paid to the individual(s)/entity(ies) listed in Part III.

(2) Deferred Status Member - I am a separated employee eligible for deferred benefits. In the event of my death prior to my retirement, I direct my contributions be paid to the individual(s)/entity(ies) listed in Part III.

PART II: DOMESTIC RELATIONS ORDERS (ANSWER BY MARKING THE APPROPRIATE BOX)

YES NO Is there a Domestic Relations Order (divorce) or other order by a court of competent jurisdiction mandating your designation of specific persons as designated beneficiaries of the above benefits? (Include any DRO or Court Order, if applicable.) Note: Divorce automatically terminates your ex-spouse as your beneficiary; however, in order to update our records, you must complete a new form. If you would like to maintain your ex-spouse as the beneficiary, please complete a new beneficiary form after the date of the divorce.

PART III: DESIGNATION OF BENEFICIARIES: Individuals, Trusts and/or legally formed entities can be named. If a trust is named, please provide a copy of the Trust to our office. (We suggest you cross out any lines you do not use, below)

Check whether beneficiary is primary or alternate. Check if this is an address change for your beneficiary

*Alternate Beneficiary(ies) - The individuals listed as alternate beneficiary(ies) will be generally used if none of the primary beneficiaries survive you.

Table with 4 columns: PRIMARY/ALTERNATE, Last Name, First, M.I., Date of Birth, SSN or Tax ID #, Relationship, Mailing Address, City, State Zip, Phone Number, Percentage (%). Contains 4 rows of beneficiary information.

* If you nominate more than one primary or alternate beneficiary and one of the nominated beneficiaries predeceases you, such person's portion will automatically increase the others, proportionately.

Signature of Employee

Date

Signature of Witness (cannot be a named beneficiary)

Date

* If you are married, and do not name your spouse as primary beneficiary, the signature of your spouse is required as proof of his/her consent.

Signature of Spouse

Date

Signature of Witness (cannot be a named beneficiary)

Date

Subject to Laws and Regulation - This designation is subject to Arizona Revised Statutes, the Charter of the City of Phoenix (Charter) and the rules and regulations established by the City of Phoenix Employees' Retirement Board (Board). The acceptance of this designation by the Board does not necessarily establish that a death benefit/payment is payable. Whether or not a death benefit is payable, and the amount thereof, will be determined at the time of death under the laws and regulations then applicable.